

BROOKLYN DEVELOPMENTAL SERVICES POLICY AND PROCEDURE MANUAL	Date Revised	Page	Topic No.
	3/2001	1 of 4	1.1.2
Chapter: GENERAL ADMINISTRATION			
Subject: INTRODUCTION TO THE BROOKLYN DEVELOPMENTAL SERVICES POLICE AND PROCEDURE MANUAL			
Source References: OMR/DD-PPM, 4.4.2.1, 4.4.2.8; A 7.2.3, 7.2.4, 7.2.1; ICF/MR Part 483	Topic: OVERVIEW OF THE BROOKLYN DEVELOPMENTAL SERVICES POLICY AND PROCEDURE MANUAL		
PURPOSE:			
To establish the procedure for policy development that will:			
A. Provide policies and procedures for Brooklyn Developmental Services (BDS) that:			
1. Meet the requirements of the Willowbrook Consent Judgment, New York State Law, the Office of Mental Retardation and Developmental Disabilities (OMRDD) Policy, and Federal Medicaid Conditions of Participation.			
2. Facilitate the operation of BDS.			
B. Establish mechanisms to ensure:			
1. Policies are developed in an orderly manner.			
2. Staff participates, as appropriate, in all phases of policy development.			
3. Existing policies are updated regularly.			
4. Policies are distributed to appropriate personnel.			
5. All employees are given the opportunity to read policies and are made aware of their assigned responsibilities.			
C. Establish a uniform format for all policies and procedures issued at BDS.			
POLICY:			
A. The policy and Procedure Manual shall exist to specify the courses of action BDS shall undertake to meet the requirements of the Willowbrook Consent Judgment, Mental Hygiene Law, OMRDD policies and regulations, and Federal Medicaid Conditions of Participation.			

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<p>B. Policies shall clearly state BDS commitment to the courses of action as well as clearly assign responsibility to appropriate personnel for implementing the policies. They shall protect the rights of residents and employees, facilitate the treatment and care of residents, and guide the operations of the facility.</p> <p>C. In general, the Policy and Procedure Manual shall consist of policy statements and procedures with facility-wide applicability. Each Deputy Director shall be responsible for ensuring that manuals are developed which include specific procedures for implementing policies as well as other procedures needed for their area of responsibility.</p> <p>D. All employees shall regularly be given the opportunity to recommend policy additions and suggest revisions to existing policies on <u>Brooklyn Developmental Services Policy Revision Form</u>. In addition, appropriate staff shall participate in formulating policy statements, consultants, advisory groups, and the Willowbrook Review Panel shall be asked periodically to review the contents of the Manual and make suggestions.</p> <p>E. As a minimum, the Manual shall be distributed to the Director, facility Policy and Procedure Manual Committee, Deputy Directors, Team Leaders, Residential Supervisors, and all individuals designated by the Director/ and/or Deputy Directors.</p>						
<p><u>SCOPE:</u></p> <p>This Policy and Procedure Manual shall apply to all employees at BDS and all other persons who wish to recommend policy changes:</p>						
<p><u>FORMS REQUIRED:</u> Brooklyn Developmental Services Policy Revision Form.</p>						
<p><u>RESPONSIBILITY:</u></p> <p>QA Coordinator</p>		<p><u>PROCEDURE:</u></p> <p>As assigned by the Director, the QA Coordinator is responsible for overseeing the development of policies when requested by the Director. Specifically, the QA Coordinator shall:</p> <ol style="list-style-type: none"> 1. Ensure that policies are developed according to the procedures listed below 				

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<u>RESPONSIBILITY:</u>		<u>PROCEDURE:</u>		
		<ol style="list-style-type: none"> 2. Maintain an up-to-date Manual through regular additions and revisions. 3. Distribute policy additions, changes, and revisions to all holders of the Manual. 4. Coordinate the writing of procedures needed to implement policies. 5. Provide technical assistance. 6. Obtain recommendations on a regular basis from employees, the Willowbrook Review Panel, advisory groups and consultants. 7. Submits reports to the Director. 		
QA Coordinator		<p>Shall be responsible for notifying appropriate staff when revisions, additions or deletions to the Manual are needed. In addition, the QA Coordinator shall forward to all appropriate staff any memoranda or other information pertaining to policy, that may be considered for inclusion in the facility Policy and Procedure Manual.</p>		
Deputy Directors		<p>To facility policy implementation as well as guide operations, each Deputy Director shall direct appropriate staff to develop manuals specific to their area(s) of responsibility which define objectives and establish procedures. These manuals shall be written according to the format established by the QA Coordinator.</p>		

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<u>RESPONSIBILITY:</u>		<u>PROCEDURE:</u>	
Director		Shall approve all such Manuals prior to implementation.	
QA Coordinator		Copies of these manuals and subsequent additions or revisions shall be distributed to the following:	
		<ol style="list-style-type: none"> 1. The Director 2. Appropriate Supervisory Personnel. 	
Manual Recipients		Shall:	
		<ol style="list-style-type: none"> 1. Make the Manual available on a sign-out basis to all employees under their supervision. 2. Post all policy revisions or additions and ensure that employees are aware of the content and of their specific responsibilities. 3. Insert all additions, update the Table of Contents, and enter any other policy changes when issued. 	

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ICF/MR Part 483		Topic:	DEVELOPING AND UPDATING POLICIES AND PROCEDURES			
<u>POLICY:</u>						
Brooklyn Developmental Services shall continue to develop and update policies and procedures for the benefit of all personnel.						
<u>FORMS REQUIRED:</u> Brooklyn Developmental Services Policy Revision Form.						
<u>RESPONSIBILITY:</u>		<u>PROCEDURE:</u>				
Director/QA Coordinator		Will work with the appropriate Deputy to develop and update policies and procedures by receiving recommendations from the living units, program areas, NYC Regional Office, consumer representatives, Mental Hygiene Legal Service, Board of Visitors and other interested parties on <u>Brooklyn Developmental Services Policy Revision Form.</u>				
QA Coordinator		<ol style="list-style-type: none"> 1. Receives recommendations and suggestions. 2. Revises recommendations and suggestions as to format. 3. Submits to the Director for clearance. 				
Director		Upon approval returns to the Policy and Procedure Manual to QA Coordinator.				
QA Coordinator		Upon final approval from Director will publish and distribute to all facility Manual recipients with instructions that policies should be maintained in an accessible place for the use of all personnel.				

SB 3/12/01

S/P
J. Bean AB

BROOKLYN DEVELOPMENTAL SERVICES POLICY AND PROCEDURE MANUAL	Date Issued	Page 1 of 5	Topic No. 1.1.5
	Chapter	Internal Controls	
	Subject:	Internal Controls	
Source References New York State Governmental Accountability Audit and Internal Control Act of 1987	Topic	Internal Controls	

PURPOSE:

To promote good internal controls and accountability in government. To assist government employees in complying with laws and regulations, meeting goals and objectives and safeguarding assets. Specifically, internal control's ultimate goal is

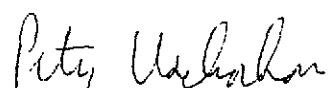
- to promote orderly, economical, efficient and effective operations and to produce quality products and services consistent with the organization's mission;
- to safeguard resources against loss due to waste, abuse, mismanagement, errors and fraud
- to ensure adherence to laws, regulations, contracts and management directives; and
- to develop and maintain reliable financial and management data, and to accurately present that data in a timely manner.

To achieve the outlined objectives and mission of the Office of Mental Retardation & Developmental Disabilities and the Brooklyn DDSO via Control Environment, Communication, Assessing & Managing Risk, Control Activities and Monitoring.

<u>Staff</u>	<u>Responsibility</u>
Director	Appoints Internal Control Officer
Internal Control Officer	Receives training from Central Office, Quality assurance staff Arranges for training for Executive staff and key DDSO management staff.
Managers	Receive training from Central Office on Internal Control, its purpose, conducting the Functional Vulnerability Assessment

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	Chapter:	GENERAL ADMINISTRATION			
Source References:	Subject:	ADMINISTRATIVE POLICIES OF MAJOR OPERATING UNITS			
OMR/DD-PPM 3.4.1	Topic:	CHAIN OF COMMAND TREATMENT SERVICES ORGANIZATIONAL CHART			
<u>PURPOSE:</u>					
The organizational chart shall indicate lines of authority, responsibility and communication links of staff responsible for attaining goals and objectives of organization to improve ability of residents to function independently.					
<u>PHILOSOPHY:</u>					
Each residential unit will have a Treatment Team Leader who will be responsible for overall administration of the building and coordination of all services for the consumers. The Team Leader will be responsible for developing comprehensive individual programs. Various clinical staff and direct care staff will be assigned to the Team Leader to develop and implement comprehensive programs.					
<u>POLICY:</u>					
The Deputy Director for Operations will be responsible for overall administration and coordination of services for all residential units and program in the Developmental Center. Each unit will have a Team Leader who will be responsible for developing comprehensive individual programs for all consumers in their assigned units. Direct care staff and clinical staff will be assigned to the Team Leader. The number of direct care staff assigned will be in compliance with the Willowbrook Consent Judgment and Federal Medicaid requirements. The number of clinical staff will be determined by an analysis of the individual needs of the residents.					
					

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		Chapter:				
		ADMINISTRATION				
		Subject:	ADMINISTRATIVE POLICIES OF MAJOR OPERATING UNITS			
Source References: Director's Directive		Topic:	PROVISION OF CONTINUOUS ADMINISTRATIVE COVERAGE			
<u>PURPOSE:</u>						
To provide administrative responsibility for the facility at all times.						
<u>PHILOSOPHY:</u>						
To insure continuous administrative coverage and responsibility for the day-to-day operations of the facility at all times.						
<u>POLICY:</u>						
The facility shall have a person designated as the facility administrator at all times.						
<u>RESPONSIBILITY:</u>		<u>PROCEDURES:</u>				
Director		Designates a Deputy Director to be responsible for the day-to-day operations of the facility in the absence of the Director.				
Deputy Director for Operations		Creates a Clinical Control Office staffed by level supervisors during the evening and night shifts for the purpose of centrally locating the facility administration.				
		Schedules appropriate administrators to be responsible for the facility during the evening and night shifts seven days per week.				
		On Saturday and Sunday and Holidays, an administrator on duty (A.O.D.) will be on-site during the day shift.				
		An administrator on call (A.O.C.) serves as a back-up to the A.O.D., and is on-call evenings and nights. The A.O.C. must be available to respond to emergencies and return to the facility if needed.				



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Source References: Director's Directive	Topic: PROVISION OF CONTINUOUS ADMINISTRATIVE COVERAGE				
<u>RESPONSIBILITY:</u>	<u>PROCEDURES:</u>				
Deputy Directors	<ol style="list-style-type: none"> 1. The Deputy Directors are responsible for the administration of their designated area. During the day shifts on workdays, they or their designees perform the task on an on site basis. 2. Assign on a regularly scheduled basis appropriate administrative staff, including Team Leaders and Department Heads, for day shift coverage on Saturdays, Sundays and Holidays throughout the year. 				
Administrator on Duty (A.O.D.)	<ol style="list-style-type: none"> 1. Any M/C employee, grade 20 and above and PEF employees in grade 23 and above. 2. Must be on-site, as assigned by A.O.D. schedule. 				
Administrator on Call (A.O.C.)	<ol style="list-style-type: none"> 1. Director, Deputy Directors, DDPS IV, Personnel and Business Office. 2. Must be available by phone and available to return to the facility if necessary. 3. Provides back-up for A.O.D. as assigned by A.O.C. schedule. 				

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	Chapter:	GENERAL ADMINISTRATION	
	Subject:	INDIVIDUALIZED PROGRAM PLAN	
Source References:	Topic:		ANNUAL, QUARTERLY AND PERIODIC REVIEWS

RESPONSIBILITY:

Client Coordinator

PROCEDURE:

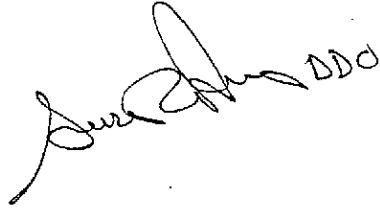
3. Ensures a report of progress during the last year/quarter and a plan of service for the next year/quarter.

Treatment Team Leader

1. Ensures that revisions of the IPP in the consumer's programs are implemented and coordinates clinical programs with activities on the residential unit.

Client Coordinator/
Secretary

1. Ensures letter stating process for objection to IPP reaches next of kin, guardian or correspondent.
2. Mails copy of the minutes of meeting to family correspondent.


 A handwritten signature in black ink, appearing to read "Sue Johnson DDC". The signature is fluid and cursive, with "Sue" and "Johnson" being the most legible parts.

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		Subject:	SUPPORT SERVICES				
Source References: OMR/DD-PPM 1.3.4	Topic: ROLE OF SUPPORT SERVICES ORGANIZATIONAL CHART						
<u>POLICY:</u>							
Brooklyn Developmental Disabilities Service Office (BDDSO) shall provide living arrangements for consumers which offer privacy, as well as a homelike environment of space, and are adequate and adaptable for individual and group activities. A normal routine of life for consumers of BDDSO is a part of normalization, as is the assurance of a clean, decent, and safe environment that is aesthetically pleasing.							
<u>RESPONSIBILITY:</u>		<u>PROCEDURE:</u>					
Deputy Director		Achieve physical standards set forth in Title XIX Intermediate Care Facility/ Mental Retardation and the Willowbrook Consent Judgement.					
<i>Thomas M. Kavanaugh, Jr.</i>							

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	Chapter:	CONSUMER PROTECTION						
	Subject:							
Source References:	Topic: SPECIAL OBSERVATION							
<u>PURPOSE:</u>								
Special Observation provides a heightened level of supervision for consumers who present a danger to the physical well being of themselves or others.								
<u>DEFINITION:</u>								
There are 2 categories of Special Observation which may be provided to consumers.								
a. <u>One to One Supervision</u> - Assignment of one staff to supervise a consumer for a designated period of time (i.e., time of the day or program activity shift). This kind of supervision requires that assigned staff is within arms length and maintains visual contact (including the bathroom - privacy issues do not apply) for the duration of the assignment. If the consumer presents with severe assaultiveness because of the staff's proximity, a safe distance can be maintained during the agitation period of no more than three (3) feet and advises supervisor of problems. The consumer's status is reviewed for necessary modifications to 1:1 status. One to One supervision is required exclusively for consumers who present significant danger to the physical well being of themselves or others. Examples include but are not limited to suicidal ideation or behavior, extreme aggression or critical medical conditions.								
b. <u>Close Observation</u> - Assignment of staff to consumers in a manner which varies by physical proximity, visual contact and length of time. The ITT will define the parameters of the supervision to be provided in a manner which meets the needs of the consumer. This level of supervision will be utilized for a range of problems/situations that vary in the level of danger or threat posed to the consumer or others. Examples include but are not limited to elopement, aggression and self injury.								
<u>SPONSIBILITY:</u>		<u>PROCEDURE:</u>						
Any Staff		Observes and reports consumer with dangerous behavior/situation to senior unit administrator and/or medical staff on duty.						

APPROVED

Doris H. D.

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<u>RESPONSIBILITY:</u>	<u>PROCEDURE:</u>				
Administrator/Medical Staff	<ol style="list-style-type: none"> 1. Evaluates behavior/situation and determines the level of supervision that is required to ensure the safety of the consumer and others. 2. Provides written rationale for need of 1:1 and projection of how long 1:1 is required. Develops written plan to reduce/remove 1:1 supervision. 3. Notifies Core Supervisor to assign staff as required. 4. Notifies the Deputy Director on working days and Clinical Control of the need to adjust the allocation of staff to the unit. 				
Core Supervisor	<ol style="list-style-type: none"> 1. Assigns staff to provide the level of supervision that was determined to be required. 2. Instructs assigned staff with regards to the level of supervision , reporting and documentation that is required. 				
Assigned Staff	<ol style="list-style-type: none"> 1. Maintains arms length supervision of assigned consumer. 2. Documents consumer's activities every 15 minutes in 1:1 log. 3. If staff needs to leave his/her consumer, (i.e., bathroom, urgency) insures that another staff covers the assigned consumer and documents such in 1:1 log or in an emergency, takes the consumer with him/her to the nearest phone to call for assistance. 				

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<u>RESPONSIBILITY:</u>	<u>PROCEDURE:</u>				
Assigned Staff	<p>4. If the consumer is agitated and becomes severely assaultive due to staff's proximity, staff may increase the distance between themselves and the consumer to up to three (3) feet. This must be documented in the 1:1 log and the supervisor is to be notified.</p>				
Supervisor	<p>1. Notifies TTL of any safety issues in maintaining arms length distance from 1:1 consumer.</p>				
TTL	<p>1. Meets with ITT members to review safety issues in maintaining arms length supervision of consumer.</p> <p>2. If modifications are recommended, follows up to ensure that the changes are documented and implemented and that both consumer and staff are protected.</p>				
TTL	<p>1. Notifies chair of 1:1 committee of the 1:1 assignment.</p> <p>2. Provides ongoing assessment of need for 1:1 based on objective criteria such as changes in presenting problems.</p> <p>3. Provides chair of 1:1 committee with results of the assessment conducted in Step 2.</p> <p>4. Monitors all 1:1's and close observations to ensure that guidelines are followed.</p>				
Chair of 1:1 Committee	<p>1. Reviews need for 1:1 and makes recommendation to Director/Deputy Director.</p>				

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Chapter: PROVISION OF MEDICAL AND HEALTH SERVICES FOR CONSUMERS			
Subject: MEDICAL SERVICES			
Source References:	Topic: PROVISION OF HEALTH CARE SERVICES		

PURPOSE:

To assure that all consumers of Brooklyn Developmental Center (BDC) receive appropriate health care services to maintain optimal health.

POLICY:

The objective of Medical Services shall be as follows:

1. To achieve and maintain the optimal level of health for every consumer.
2. To prevent disability and maximize normal functioning.
3. To enable consumers to participate most effectively in their own programs of health care.

FORM REQUIRED:

1. 30 DVP (12-79) Evaluation Summary and Service Plan.
2. 34 MED. (MR) (5-79) Physical Examination Outline.
3. 36 MED. (7/74) Consultation Request.
4. 75 MED. (MR) (4/78) Medicaid Certification.
5. 95 DVP (1-77) Interdisciplinary Treatment Team Notes.

REPONSIBILITY:

Admitting Physician/
Physician Assistant

PROCEDURE:

1. Conducts a complete physical examination of consumers within 24 hours after admission and records on appropriate form 34 MED., Physical Examination Outline:

- a. Functional status.
- b. Height and Weight.
- c. Temperature, pulse and respiration.
- d. Blood Pressure.
- e. Examination of all systems

APPROVED

Pete Uchikoshi

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RESPONSIBILITY:	PROCEDURE:		
Unit Physician/ Physician Assistant	<p>2. Assures that within 48 hours of admission (one week if lab work done within 30 days is available)</p> <p>a. Blood will be drawn and sent to the laboratory on every consumer for at least the following laboratory tests.</p> <ul style="list-style-type: none"> i. Complete Blood Count and Differential ii. Urinalysis with microscopic. iii. Serology iv. Chemistry profile v. Hepatitis profile vi. For all admissions 50 years old and above - stool for occult blood (2 samples). vii. Mammography for all female admissions 40 years old and above. viii. Antibody testing for measles, mumps and rubella. ix. Additional tests where indicated. <p>b. Ensures that immunizations are brought up to date.</p> <ul style="list-style-type: none"> i. Tuberculin Tests will be done unless there is documentation of a positive Tuberculin Tests. ii. If Hepa B Antigen is negative and Anti-Hepa B antigen is negative, the physician is to order Hepa B immunization. iii. MMR and tetanus toxoid if needed. <p>c. Will arrange for Chest X-ray on all persons 45 years of age or older, unless there is documentation of negative Chest X-ray taken with the past 6 months.</p>		

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<u>RESPONSIBILITY:</u>	<u>PROCEDURE:</u>				
Unit Physician/ Physician Assistant	<p>d. Ensures that an EKG is done for all new admissions.</p> <p>e. Will note and write special dietary needs and review every 30 days.</p> <p>f. Will note history of allergies.</p> <p>g. Will make referrals for initial consultation on form <u>36 MED, Consultation Request for neurology, eye, gyn, dental, psychiatry, O.T./P.T.</u>, Will make referral for any further special examinations and consultations which are clinically indicated.</p> <p>h. Will ensure that a Medical Summary will be prepared within 24-48 hours.</p> <p>i. Will certify medical ICF eligibility within 48 hours of admission.</p> <p>3. Physician/PA will write progress notes on <u>Form 95 DVP, Interdisciplinary Treatment Team Notes</u> for every medical finding/treatment that is carried out.</p> <p>4. Shall attend all Service Plan Meetings and be part of the ITT meetings.</p> <p>5. On an annual basis, shall fill out <u>Form 30 DVP Evaluation Summary and Service Plan</u> and <u>34 MED Physical Examination Outline</u>.</p>				

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<u>RESPONSIBILITY:</u>	<u>PROCEDURE:</u>				
Unit Physician/ Physician Assistant	<p>6. Shall certify medical Intermediate Care Facility (ICF) eligibility annually.</p> <p>7. Shall perform annual physical examination and order all appropriate annual laboratory tests to coincide with Annual Service Plan Meeting. The annual physical examination, laboratory and consultations will include but not be limited to the following:</p> <p>a. A complete physical examination including height and weight, an exam of vision, temperature, pulse, respiration, blood pressure, and examination of all systems including a breast examination and rectal examination.</p> <p>b. EKG at age 45 yrs. and every 5 years thereafter unless otherwise indicated.</p> <p>c. Laboratory tests as follows:</p> <ul style="list-style-type: none"> i. Complete blood count and differential ii. Urinalysis with microscopic. iii. Additional tests as indicated. iv. Immunization brought up-to-date. v. Special dietary needs noted. vi. Allergies noted. vii. Fecal occult blood at age 50 yrs. and then annually (get 2 samples). If positive for occult blood, a colonoscopy is to be ordered. viii. Additional special studies done as indicated. 				

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RESPONSIBILITY:	PROCEDURE:				
Unit Physician/ Physician Assistant	<p>ix. A complete dental examination.</p> <p>x. Refer for a test for glaucoma for persons age 50 and over.</p> <p>xi. Annual Tuberculin test unless known positive. Any new positive results must be evaluated clinically by the physician.</p> <p>xii. Referrals made for any further examinations and consultations on Form 36 MED Consultation Request</p> <p>c. Colonoscopy at age 50 yrs. and then every 10 years.</p> <p>8. Upon discharge, transfer or placement of consumers, shall carry out the following within 30 days prior to the actual movement of a consumer to another setting.</p> <p>a. A physical examination.</p> <p>b. CBC ,chemistry profile, urinalysis and any pertinent lab work.</p> <p>c. Immunizations brought up-to-date.</p> <p>d. Special dietary needs noted.</p> <p>e. Allergies and sensitivities noted.</p> <p>f. All other conditions requiring surveillance noted.</p>				

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<u>RESPONSIBILITY:</u>	<u>PROCEDURE:</u>		
Unit Physician/ Physician Assistant	<p>g. Instructions to outside facilities, and family care persons concerning precautions to take in those consumers who are Hepatitis B antigen positive.</p> <p>9. At the time of placement (within 24-42 hours before consumer's discharge), prepares a clinical summary to include the following:</p> <p>a. Current health status including functional status and nutritional status.</p> <p>b. Current medication, diet and medical treatment.</p> <p>c. Any necessary medical follow-ups and/or clinical appointments that should be carried out subsequent to discharge from facility.</p>		

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		Chapter:	PROVISION OF MEDICAL AND HEALTH SERVICES FOR CONSUMERS	
		Subject:	MEDICAL SERVICES	
Source References:		Topic:	CONSUMER'S CONSULTATION AND TREATMENT FROM MEDICAL SPECIALIST AND DISSEMINATION OF INFORMATION TO INTERDISCIPLINARY TEAMS	

PURPOSE:

To ensure the optimal medical services to consumers of Brooklyn Developmental Center by specialists in the fields of medicine.

POLICY:

The facility shall employ or make arrangements to obtain the services of medical specialists in all medical specialty areas. The facility employs a Neurologist, several Psychiatrists and a dentist. Consumers needing the services of medical specialists shall be assisted by the facility staff in obtaining prompt diagnosis and treatment.

FORMS REQUIRED: 1. 36 MED Consultation Request**RESPONSIBILITY:****PROCEDURE:**

Nursing Program Coordinator	1. Makes arrangement with specialists, with agencies (outside hospitals) providing medical specialties on a fee for service basis.
DDSO Director	2. Maintains a file of letters of understanding with current outside providers of medical services.
Deputy Director for Operations	3. Develops facility procedures for obtaining consumer consultation and treatment from medical specialists.
Unit Physician	4. Refers consumers to facility Dentist, Neurologist and Psychiatrists on <u>Form 36 MED Consultation Request</u> , citing reasons for referral and medication consumer is taking.
	5. Refers consumer to outside agencies or specialists, utilizing <u>Form 36 MED Consultation Request</u> .

APPROVED

Pete Uchahane

	Date Revised	Page	Topic No.
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Source References:	Chapter: PROVISION OF MEDICAL AND HEALTH SERVICES FOR CONSUMERS		
	Subject: MEDICAL SERVICES		
	Topic: REPORTING DEATHS		

POLICY:

All death occurring under sudden or unexplained circumstances, or which are known or suspected of being due to casualties, violence or criminal neglect shall be immediately reported to the Office of Medical Examiner/Coroner. (Also see additional reporting requirements under Incident Reporting).

The following cases are to be reported.

- a) All accidental deaths, no matter what the nature of the injuries or whether the injuries were the direct or a contributory cause of death.
- b) All unattended deaths.
- c) All unexpected deaths in apparently healthy individuals where the circumstances are not clear.
- d) Deaths by suicide or suspicion of suicide.
- e) Deaths by homicide or suspicion of homicide.
- f) All deaths related to drugs.
- g) All deaths due to poisoning or suspected poisoning, including bacterial.
- h) All deaths which occur during or are related directly to any therapeutic, diagnostic or operative procedure.

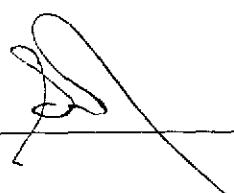
RESPONSIBILITY:

Residential Unit

PROCEDURE:

1. Contact Safety and Nurse on duty to secure body.
2. Notify DDO or Clinical Control (Off-duty hours).
3. Box all records and information on consumer and bring immediately to the Deputy Director of Operations.

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	Chapter:	PROVISION OF MEDICAL AND HEALTH SERVICES FOR CONSUMERS			
	Subject:	MEDICAL SERVICES			
Source References:	Topic: REPORTING DEATHS				
RESPONSIBILITY:	PROCEDURE:				
Clinical Control (Off Duty Hours)	Notify AOC and DDO.				
DDO or Designee	Contact the Medical Examiner/Coroner's Office for a decision, when in doubt as to whether the case should be referred.				
Attending Physician/ Physician on Call/ Treatment Team Leader	Will request consent for an autopsy from the next of kin and carry out the usual procedures if the case is released.				
Attending Physician/ Physician on Call	<ol style="list-style-type: none"> 1. Will fill out the death certificate in all cases; the final cause of death may be entered later by the Medical Examiner/Coroner in those cases where the office carried out an autopsy. Complete CQC 100 and Sudden Death Form. 2. Will document in the consumer's record all notification and negotiations with the Medical Examiner/Coroner and next of kin. 				
DD of Operations	Will obtain the cause of death and the autopsy report from the Medical Examiner/Coroner and report this information to the following:				
	<ul style="list-style-type: none"> - Director's Office - CQC - Central Office - NYC Regional Office 				



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	9/2000	1 of 1	4.5.10		
	Chapter:	PROVISION OF MEDICAL AND HEALTH SERVICES FOR CONSUMERS			
	Subject:	NURSING SERVICES			
Source References: NURSES GUIDELINES (BDC)	Topic: CHAIN OF COMMAND				
<u>PURPOSE:</u>					
1. To maintain optimal health and safety of the consumers. 2. Assist family, friends and community providers of resident in providing for the health and safety needs of the consumers.					
<u>POLICY:</u>					
Brooklyn Developmental Center shall maintain a system of chains of command.					
<u>RESPONSIBILITY:</u>	<u>PROCEDURE:</u>				
Licensed Practical Nurse (LPN)	Shall report all pertinent matters to RN II or RN I, and also to the Unit Coordinator and Nurse Administrator.				
Registered Nurse	Shall report pertinent matters to the Treatment Team Leader of the respective unit and Nurse Administrator. In the absence of the Treatment Team Leader, all matters shall be directed to the Unit DDO.				
Licensed Practical Nurse (LPN) (Evening and Night Shifts).	Shall report all pertinent matters to the Registered Nurse.				
Registered Nurse (Evening & Night Shift)	Assures that all pertinent matters are reported to the Clinical Control Office and Nurse Administrator.				
Nurse Administrator	Shall report all pertinent matters to the Treatment Team Leader, Coordinator of Nursing, Deputy Director of Operations and Director, when necessary.				

Sandra Kilminster, RN, MSA, NDC 9/6/100